

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

SM

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Michael Mayo

1:21-cv-05014
Judge Robert M. Dow, Jr
Magistrate Judge M. David Weisman
PC7
Direct

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

RECEIVED

SEP 21 2021

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

CCDOC Medical Staff

Cermak Health Services

Cook County Sheriff's Dept Tom Dart CCDOC

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

FILED

SEP 21 2021

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

CHECK ONE ONLY:

AMENDED COMPLAINT

X COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

_____ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

_____ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: Michael Cooper Mayo
- B. List all aliases: N/A
- C. Prisoner identification number: 20181127027
- D. Place of present confinement: Cook County Jail
2700 South California
- E. Address: ~~2020 South California~~ Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: CCDOC Medical Staff
Title: _____
Place of Employment: Cook County Jail
- B. Defendant: Cermak Health Services
Title: _____
Place of Employment: Cook County Jail
- C. Defendant: Cook County Sheriff's Dept. Tom Dart
Title: Sheriff
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On March 13, 2020 plaintiff became aware of the COVID-19 virus spreading throughout the jail. At the same time CCDOC decided to stop passing out soap. Grievance filed Mar 13, 2020 (Exhibit A) During this time all services were stopped (Caw Librarian, sheet exchange, sick call, dentist, laundry, showers backed up, grievances are not given out) In addition guards sit outside deck offering no protection. On March 30, 2020 plaintiff filed grievance for no mask, gloves or hand sanitizer. There is no social distance on 3G which is a dorm with 39 men at (Exhibit B) On April 17, 2020 plaintiff tested positive for COVID-19 virus. On April 24, 2020 plaintiff filed grievance stating Cook County Sheriffs and Cermak health did not take appropriate measures to protect me from the virus. (Exhibit C) On May 2 2020 CCDOC was in violation of federal judges injunction on COVID-19. Plaintiff filed grievance on May 2, 2020 (Exhibit D) After plaintiff's deck (division 8/36) was quarantined, CCDOC continued to add newly infected inmates. Plaintiff filed grievance (Exhibit E)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

CCDOC used COVID-19 virus as a reason to leave violence on 36 unchecked. Plaintiff's safety was in danger on a daily basis. Plaintiff filed grievance on May 4, 2020 (Exhibit F) On Sept. 7, 2020 Plaintiff filed grievance for the continued neglectful behavior as it relates to COVID-19 (Exhibit G)

As a result of testing positive for the COVID-19 virus I experience continued shortness of breath and I have not regained my taste.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I pray the court find my claim both complete and
accurate and find in favor of the plaintiff for
compensatory damages, punitive damages and
nominal damages against each defendant
jointly and severally.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 11th day of Aug, 2021

Michael C. Mayo

(Signature of plaintiff or plaintiffs)

Michael Mayo

(Print name)

20181127027

(I.D. Number)

2700 South California
Chicago, IL 60608

(Address)

Exhibit A



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit A

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)March 13,
2020

all day

Division 8 / 3G

Tom Dart
Cook County Sheriff
Cook County Jail

I am 43 and diabetic. Today I found out that we are no longer issued soap in addition to that we are no longer able to buy soap from commissary. The County has decided to issue us .35 oz Amer Fresh 3 in 1 packs. At a time when a virus is running rampant they take soap away. These 3 in 1 packs are not enough to last a week. Being diabetic along with my other health issues it is important that I stay clean! Now because of the soap issue we can not wash our clothes either. This is not healthy for anyone to live under these conditions.

NAME OF STAFF FOR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

Sents, Bowers and Officers on duty

Michael C. Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

Scanned

2020

CONTROL NUMBER

INMATE #

02963

794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

Mayo

INMATE FIRST NAME (Primer Nombre):

Michael

ID Number (# de Identificación):

2018-1127027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

100 - Hygiene

IMMEDIATE CRW RESPONSE (If applicable):

CRW / REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

OBITU - Supt

DATE REFERRED:

3 / 18 / 20

RESPONSE BY PERSONNEL HANDLING REFERRAL

has been passed out to weekly. There is no shortage of soap.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

J. D. D.

SIGNATURE:

J. D. D.

DN / DEPT.:

08 / ICDU

DATE:

4 / 20 / 20

INMATE SIGNATURE (Firma del Preso):

Delv. via COVID 19 Procc. Amey

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

4 / 30 / 20

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

INMATE COPY

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): May 15 / 2020

During the time this grievance was filed no soap was being distributed. This was during a period when COVID-19 was spreading rapidly in the Cook County Jail.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No (No) ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

It takes time to measures to take place due to the extenuating circumstances of COVID-19

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a):)

J. D. D.

SIGNATURE (Firma del Administrador o/su Designado(a):)

J. D. D.

DATE (Fecha):

5 / 14 / 20

THIS SECTION IS TO BE COMPLETED BY INMATE

INMATE SIGNATURE (Firma del Preso):

Delv. via COVID 19 Procc. Amey

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5 / 26 / 20

Exhibit B



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit B

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

☒ Emergency Grievance☐ Grievance☐ Non-Compliant Grievance☐ Cermak Health Services☐ Superintendent: _____☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

March 30, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo limite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)March
30, 2020REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)

all day

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

Division 8 / 3G

REQUIRED - Tom Dart
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)Cook County Sheriff
Cook County

I am 43 years old and have a compromised immune system due to multiple health conditions (Kidney failure, diabetes and high blood pressure). On multiple dates I have asked for protective gear such as mask, gloves or hand sanitizer, to date none of these things have been provided. In addition with the spread of the COVID19 virus, that has been identified on the 3rd floor where I am housed there has been no cleaning of the living area or the shower space in months. Our clothes are cleaned at best every 1-2 weeks. Finally what is even more crazy is the expectation of social distancing in a space of about 3500ft² with almost 40 men whose bunks are only 36 inches apart.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Cameras and staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

B Davis

SIGNATURE:

B Davis

DATE CRW/PLATOON COUNSELOR RECEIVED:

8-9-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE
(Oficina Del Alguacil del Condado de Cook)INMATE GRIEVANCE RESPONSE/APEAL FORM
(Formulario de Queja del Preso/Apelación)

DAVIS

2020

CONTROL NUMBER

INMATE #

03615

794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

GRIEVANCE ISSUE AS DETERMINED BY CRW:

IMMEDIATE CRW RESPONSE (if applicable):

CRW REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

INMATE'S REQUEST FOR AN APEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APEAL: (Fecha de la solicitud de la apelación del preso): May 15 2020

The first inmate with COVID-19 was taken of our deck in early March when we made our request for mask. It was not until mid April that we received mask for after everyone on the deck was infected with COVID-19. This is like giving me a glass after someone poured milk on the floor!

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APEAL?

Yes (Si) ☐

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ORIGINAL RESPONSE BRANDS

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE APEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

(FCN-72) (NOV 17)

(WHITE COPY - INMATE SERVICES)

(YELLOW COPY - C.R.W.)

(PINK COPY - INMATE)

13

Exhibit C



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

Exhibit C

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

☒ Emergency Grievance☐ Grievance☒ Non-Compliant Grievance☐ Cermak Health Services☐ Superintendent: _____☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

April 24, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

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The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

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El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

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La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -

DATE OF INCIDENT

(Fecha del Incidente)

Nov. 27/2018
going

REQUIRED -

TIME OF INCIDENT

(Horas del Incidente)

going

REQUIRED -

SPECIFIC LOCATION OF INCIDENT

(Lugar Específico del Incidente)

Division 8/3G

REQUIRED -

NAME and/or IDENTIFIER(S) OF ACCUSED

(Nombre y/o identificación del Acusado)

Tom Dart
Cook County Sheriff
Medical Staff

I have been in the custody of the Cook County Sheriff since Nov. 27, 2018. I have been exposed to and tested positive for COVID-19 due to the conditions at the Cook County Jail. The Sheriff have not taken appropriate measures to protect me from the virus.

NAME OF STAFF FOR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Camera / Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

Exhibit D



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

Exhibit D

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

36

DATE (Fecha):

May 2, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)May 2,
2020REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)May 2, 2020
12:01 AMREQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)

Division 8 / 36

REQUIRED - Tom Dart
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

Cook County Sheriffs

I am in the custody of CCDOC. On April 27, 2020 a federal judge placed an injunction on CCDOC requiring them to provide daily mask to all inmates, hand sanitizer, stop the use of bullpens and group housing. CCDOC was given until Friday May 1, 2020 to comply with this order. As of May 2, 2020 CCDOC is still in violation of this federal judge's injunction.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Cameras and staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

Suph FENDERSON

SIGNATURE:

DATE REVIEWED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Swanga

SIGNATURE:

5-11-20

INMATE COPY



COOK COUNTY SHERIFF'S OFFICE
(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM
(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

2020

4744

794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

MILLO

INMATE FIRST NAME (Primer Nombre):

Michael

ID Number (# de Identificación):

2015/12/2027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

CCO COVID-19

IMMEDIATE CRW RESPONSE (if applicable):

Cement staff notified immediately

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

5/10/20

RESPONSE BY PERSONNEL HANDLING REFERRAL

PERSONNEL RESPONDING TO GRIEVANCE (Print):

[Signature]

SIGNATURE:

[Signature]

DIV./DEPT.:

18/1071

DATE:

5/15/20

INMATE SIGNATURE (Firma del Preso):

Michael Mingo

Delv Via COVID19

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5/19/2020

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): May 126/2020

During the time my original grievance was filed none of the above mentioned was being done. It has become a practice of CDOC to not respond to a grievance until they have had a chance to some what fix the problem. If there was never a problem why would I write a grievance?

ADMINISTRATOR/DISENTEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Si) ☒ No (No)

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DISENTEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

CCO is in compliance with all current court orders, as well as all state and CDO guidelines.

INMATE SERVICES DIRECTOR/DISENTEE (Administrador o/su Designado(a)):

[Signature]

SIGNATURE (Firma del Administrador o/su Designado(a):)

[Signature]

DATE (Fecha):

6/4/20

INMATE SIGNATURE (Firma del Preso):

Delv Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

6/12/2020

Exhibit E



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit E

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

☒ Emergency Grievance☐ Grievance☐ Non-Compliant Grievance☐ Cermak Health Services☐ Superintendent: _____☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

36

DATE (Fecha):

May 2, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)on
goingREQUIRED -
TIME OF INCIDENT
(Horad del Incidente)

on going

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

Division 8/36

REQUIRED - Tom Dard / Medical Staff
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)Cook County Sheriffs
Cook County Jail

On April 17, 2020 most of the inmates on 36 division 8 tested positive for COVID-19 virus. The 5 inmates that did not test positive were moved to 3F. Those of us that were left on 36 were told we were being placed under quarantine for two weeks. For the past two weeks multiple inmates who tested positive have been added to our deck. According to a statement made by the head nurse Ms. Anderson on May 2, 2020 individuals who had COVID-19 and recovered can be re-infected if re-exposed to the virus. According to a statement made by Dr. Ennis on May 1, 2020 CDC is adding newly infected inmates with our deck to see if we become infected. We are lab rats!

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Cameras, Nurse Anderson, Dr. Ennis

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Supt. L. F. Smith

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-11-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Supt. L. F. Smith

SIGNATURE:

[Signature]

DATE REVIEWED:

5-11-20



(Oficina Del Alguacil del Condado de Cook)

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

2020

C 4797

794313

INMATE LAST NAME (Apellido del Preso): <i>Mayo</i>	INMATE FIRST NAME (Primer Nombre): <i>Michael</i>	ID Number (# de identificación): <i>20121737029</i>
GRIEVANCE ISSUE AS DETERMINED BY CRW: <i>CCS. COVID-19</i>		
IMMEDIATE CRW RESPONSE (if applicable):		
CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): <i>RTU Discretionary Modified immediately</i> <i>Carmack</i>		DATE REFERRED: <i>5/12/22</i>

Cannot prove/disprove allegation of conviction. Therefore, I remain professional at all times. You have no right to discuss or discuss my concerns further. I only provide medical care to patients. The medical profession is a sacred trust. I am not a doctor.

PERSONNEL RESPONDING TO GRIEVANCE (Print): Susan Shihel	SIGNATURE: [Signature]	DN/DEPT. [Blank]	DATE: 6/12/20
--	---------------------------	---------------------	------------------

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Delv. via COVID-19 Proc. Chng.

6, 9, 888

THIS SECTION IS TO BE COMPLETED BY INMATE

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso:) June / 16 / 2020

The facts are the facts. I can prove the allegations because I heard it with my own ears.

Yes (Si) ☐

No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador/su designado(a):)

Research activities have not been conducted.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (*Firma del Administrador o/su Designado(a)*):

DATE (Fecha): _____

SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

DATE (month): 06 / 19 / 20

INMATE	INMATE SIGNATURE (Firma del Preso):	DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)
	Delv. via CRV 10 19 POC. Chrg	6, 22, 2020

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Adv. via COVID 19 Proc. Chrg.

6, 22, 2020

Exhibit F



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(1 of 3)

CONTROL #

INMATE ID #

2020 * 04912

794313

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(Para ser llenado solo por el personal de Inmate Services!)

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

☐ Cermak Health Services☐ Superintendent:☒ Other: OPR-T.S.

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

May 4, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT

(Fecha del Incidente)

April 22, 2020

April 24, 2020

May 2, 2020

REQUIRED -
TIME OF INCIDENT

(Horas del Incidente)

Various

REQUIRED -
SPECIFIC LOCATION OF INCIDENT

(Lugar Especifico del Incidente)

Division 8/3G

REQUIRED - Tom Dart/Medical Staff

NAME and/or IDENTIFIER(S) OF ACCUSED

(Nombre y/o Identificación del Acusado)

Cook County Sheriffs

In the Cook County Department of corrections inmate information handbook, Chapter 3 inmates rights, privileges and services page 9. Number 11 states, "You should feel safe in your living unit."

I am housed in division 8/3G in less than 2 weeks I have experienced three violent attacks by inmate with little or no assistance from CCDC. On April 22, 2020 I witnessed a vicious attack on an inmate who slept in bunk 3G13. This inmate was attacked by a mob of inmates in the bathroom. There was never any assistance from CCDC.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Cameras and Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

CRW FREEMAN

SIGNATURE:

CRW Freeman

DATE CRW/PLATOON COUNSELOR RECEIVED:

12 MAY 20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(2 of 3)

CONTROL #

INMATE ID #

2020* 04912

794313

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(Para ser llenado solo por el personal de Inmate Services!)

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

☐ Cermak Health Services☐ Superintendent:☒ Other: O.P.R.-I.S.

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

Mayo

Michael

20181172027

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

8

36

May 4, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

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The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

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El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT

(Fecha del Incidente)

REQUIRED -

TIME OF INCIDENT

(Horas del Incidente)

REQUIRED -

SPECIFIC LOCATION OF INCIDENT

(Lugar Especifico del Incidente)

REQUIRED - Torn Doc / Medical Staff
NAME and/or IDENTIFIER(S) OF ACCUSED

(Nombre y/o identificación del Acusado)

April 27, 2020
April 29, 2020
May 2, 2020

Various

Division 8 / 36

Cook County Sheriffs

The inmate stumbled to the front door bleeding and with multiple contusions. On April 29, 2020 I was maced and witnessed savage attacks to a fellow inmate that included him being hit with a computer and attacked by more than five inmates. I witnessed him beating on the security glass while he screamed for help from Cook County Sheriff. Once again there was no assistance for over an hour. On May 2, 2020 I witnessed a brutal fight between two inmates. Even after several minutes of them beating each other to a bloody pulp no sheriff

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

Cameras and Staff

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(3053)

CONTROL #

INMATE ID #

2020 * 04910

794313

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

084

- ☐ Cermak Health Services
☒ Superintendent
☐ Other: O.P.R. - J.S.

PRINT - INMATE LAST NAME (Apellido del Preso):

Majo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

30

DATE (Fecha):

May 4, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievred issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievred issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievred issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievred issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievred issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)April 22, 2020
April 29, 2020
May 2, 2020REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)

Various

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

Division 8/30

REQUIRED - Town Back / Medical Staff
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)

Cook County Sheriff's

entered the deck. The only assistance that was given was one sheriff yelling "Stop fighting" to the inmate. As a result of this unprovoked violence I can not sleep and when I do sleep I have violent nightmares. After enduring the stress of no court, testing positive for COVID19 and the neglectful behavior of CCDC I am requesting a psych evaluation.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Camera and Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Majo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

CRW Freeman

SIGNATURE:

CRW Freeman

DATE CRW/PLATOON COUNSELOR REVIEWED:

12 MAY 2020

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

2070 *

04912

794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

MAYO

INMATE FIRST NAME (Primer Nombre):

MICHAEL

ID Number (# de identificación):

2018-1127027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

0800: FAILURE TO PROTECT

IMMEDIATE CRW RESPONSE (if applicable):

CRW did provide inmate with CHS request form for any medical or medicinal issues from alleged incident..

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

O.P.R. I.S.

DATE REFERRED:

05.12.20

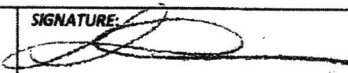
RESPONSE BY PERSONNEL HANDLING REFERRAL

SEE ATTACHED

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SUPV LEFENDER

SIGNATURE:



DIV./DEPT.

IS Admin

DATE:

5.12.20

INMATE SIGNATURE (Firma del Preso):

Delv. via COVID 19 Proc Chng

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5.12.2020

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

INMATE COP

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso:) May 14 2020

I have never been given a medical request form during this period. Only a sign up sheet, which I was the first on the list but was never called. Cook County Sheriff did not take appropriate measures to protect me. Please review cameras to support my claims.

ADMINISTRATOR/DISEGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

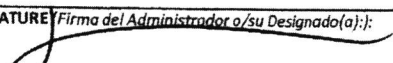
INMATE SERVICES DIRECTOR/DISEGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

Original Response to Jail

INMATE SERVICES DIRECTOR/DISEGNEE (Administrador o/su Designado(a)):

J Mueller

SIGNATURE (Firma del Administrador o/su Designado(a):)



DATE (Fecha):

5.27.20

INMATE SIGNATURE (Firma del Preso):

Delv. via COVID 19 Proc Chng

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5.28.20

Inmate Grievance Number: 2020x04912
Numero De Queja

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

Su alegación(es) han sido enviadas a la Oficina del Departamento de Revisión Professional (OPR) y al Superintendente de la División para una revisión y/o investigación.

You may follow-up with the Office of Professional Review by contacting their office directly, by utilizing the address below or submitting an inmate request form, to speak with the Divisional Superintendent.

Usted podrá darle seguimiento a su alegación(es), contactando al Departamento de Revisión Professional (OPR) de manera directa, utilizando la dirección que está en la parte de abajo o sometiendo una Forma de Solicitud del Preso para poder hablar con el Superviniente de la División.

To exhaust your administrative remedy (regardless of the OPR investigation review, determination or outcome) you must appeal this immediate grievance response within 15 calendar days.

Con el fin de agotar los recursos administrativos (independiente de la revisión de la investigación, decisión o el resultado de OPR) usted debe apelar la respuesta principal de esta queja dentro los 15 días calendarios.

**Office of Professional Review
3026 S. California Ave
Building 2 / 4th floor
Chicago, Illinois 60608**

INMATE COPY

Exhibit G



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

☒ Emergency Grievance☐ Grievance☐ Non-Compliant Grievance☐ Cermak Health Services☐ Superintendent: _____☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

36

DATE (Fecha):

Sept. 7, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: Inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-fall related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)

Sept. 7, 2020

REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)12:00 -
12:30 PMREQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

Division 8/36

REQUIRED - Cermak Health
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)
Cook County Sheriff's
Tom Dart

Today between 12:00-12:30pm our detainee, division 8/36 was notified that an inmate had once again tested positive for COVID-19 virus. I tested positive for the COVID-19 virus on April 17, 2020. (I was re-tested on Aug. 11, 2020 with a negative result). On March 30, 2020 I notified CDOC through a grievance that the conditions in division 8/36 were not conducive to a safe COVID-19 free environment. Also the inmate grievance response/appeal form CDOC stated, "All detainees have been given mask to wear." (Control # 2020-03615)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

Nurse Anderson / Staff / Camera Mr. Arias

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Sneed / Wilson

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/18/20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(2062)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

☒ Emergency Grievance☐ Grievance☐ Non-Compliant Grievance☐ Cermak Health Services☐ Superintendent: _____☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

2981127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

Sept. 7, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievred issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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The grievred issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente reciba y la cual ya ha recibo una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) Sept 7, 2020	REQUIRED - TIME OF INCIDENT (Horad del Incidente) 12:00 - 12:30 pm	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Especifico del Incidente) Division 8/3G	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o identificación del Acusado) Cook County Sheriffs Tom Dart
CCDOC has had month to correct there neglectful behavior, but has done little to nothing to improve our living condition. We are still on a deck with 39 men who sleep with in 36 inches of each other, but according to a previous response dated 5/12/20 #2020-4799 "CCDOC is in compliance with all current court as well as all state and CDC guidelines." We are now being subjected to re-infection and have been quarantined for 21 days. Re-infected inmate Efrain Arias #20180127004			
NAME OF STAFF INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personalo presos que tengan información) Nurse Anderson / Staff / Cameras		INMATE SIGNATURE: (Firma del Preso): Michael Mayo	
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.			
CRW/PLATOON COUNSELOR (Print): [Signature]	SIGNATURE: [Signature]		DATE CRW/PLATOON COUNSELOR RECEIVED: 9/8/20
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE: [Signature]		DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

INMATE COPY

Sneed

CONTROL NUMBER

INMATE #

202011482 794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

GRIEVANCE ISSUE AS DETERMINED BY CRW:

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

INMATE SIGNATURE (Firma del Preso):

Deliv. via COVID 19

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): Sept 122 / 2020

The Cook County Sheriffs and Cermak Health have not done enough to protect me because they refuse to social distance in division 8. We are still housed in a dorm setting with almost 40 men with serious health issues.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No (No) ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

CCDOC is in compliance with all current Covid-19 guidelines.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a):)

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

Deliv Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Michael Mayo
20181127027
2700 South California
Chicago, IL 60608

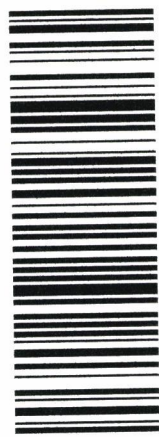
2021 SEP 21 AM 2:14

Prisoner Correspondent
U.S. District Court 20th Floor
219 South Dearborn
Chicago, IL 60604

2021 SEP 21 AM 2:14



09/21/2021-12



7018 3090 0000 1751 4486

EPOPOST

9/13/2021

POSTAGE \$009.16

ZIP 60608

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